

the outer surface of the thyroid cartilage, one on each side, as high as its upper border, the right pouch being the largest. A narrow slip of mucous membrane remained at the back of the trachea, but this at the lower extremity was quite undermined.

At the lower part of the dilatation the ulceration had nearly perforated the trachea through the posterior membranous wall, and had set free the right extremities of the fourth, fifth, and sixth cartilages. The pharyngeal mucous membrane above the ulceration appeared nearly natural, except for two or three little rounded elevations, as if there was a deposit in the mucous membrane, each less than half a pea in size. There was a small pendulous polypus attached to the thyro-epiglottidean fold. The œsophagus below the stricture was healthy.

In the mucous membrane of the trachea directly corresponding to the deep ulceration that threatened to perforate it, was a small deposit or growth—semi-transparent, solid, and slightly elevated. There was a similar one higher up, inside the cricoid cartilage, but it was more opaque and white.

The patch on the tracheal mucous membrane was cut across, and from a section of it were obtained cells which possessed all the characters of cancer-cells. They were delicate, large, irregularly angular, with elongated processes; some were, however, rounded, had peculiar large nuclei and nucleoli; often several of these in one cell, and sometimes a cell-wall around one or more of the contained nuclei. Some few of the nuclei presented a delicate, regular radial striation, which Dr. Ransom observes he had not before seen. These cells were contained amongst the meshes of the elastic tissue. From the whiter patch on the inside to the cricoid cartilage, similar cells were obtained, but they were fattily degenerated, and therefore less characteristic. From the base of the ulcerated surface Dr. Ransom found in parts examined no satisfactory evidence of the nature of the pathological process which had preceded; but amongst a mass of granular and fattily degenerated elements, several bodies were always seen resembling retrograde cancer-cells.

The fluids from the surface of the ulcer consisted mainly of molecular detritus and fat, in drops and granules, with a great number of epithelium scales, mostly of the scaly variety; but a few were cylindrical and ciliated, probably separated from the upper parts of the pharynx. In the little elevations on the mucous membrane of the pharynx nothing was found but globular corpuscles and cells filled with fat granules of various sizes; and one beautiful hexagonal crystal-like cystin was observed.

A portion of the pharynx and œsophagus, examined by Mr. Cæsar Hawkins, Mr. Pollok, and Mr. Holmes, curator of St. George's Hospital Museum, gave the following results:—

1. A portion of the disease was surrounding the great vessels in the neck, and apparently making pressure on the upper part of the pharynx. The interior appeared of a cellular character. Sections showed fibrous tissue, with numerous nuclear bodies, and much fat.
2. A small tubercle, beneath one of the rings of the trachea, contained an immense number of nucleated cells, resembling those of healthy epithelium, but of more curious form and size; also a good deal of fat.
3. A mass containing dark masses (of black pigment), otherwise exactly resembling the portion first mentioned.

21. *Hæmophilia*. By Dr. MAGNUS HUSS.—This term was first employed by Grandidier to designate that peculiar tendency to hemorrhage which characterizes some individuals and families. The following case, which is reported and commented upon at length by the well-known Professor Huss, of Stockholm, is almost unique of its kind.

Maria K., a servant, aged twenty-three, a country girl, the child of labouring people who had always enjoyed sound health, and exhibited no hemorrhagic tendency or other hereditary taint, was admitted into the Seraphim Hospital of Stockholm, January 16th, 1851, of good complexion, healthy looking, and well built. Catamenia appeared without abnormal features at the age of fifteen; had never been ill, excepting convulsive fits in her infancy; there had

been no remarkable tendency to hemorrhage, but whenever she had met with an injury the parts had cicatrized as in any other person. She went into service when nineteen years old, and was maltreated on the 4th August, 1850. She was severely buffeted, and struck about the head, in consequence of which she was much excited and seized with convulsions, during which she screamed and struck her head against the surrounding objects; she was insensible for about half an hour. On recovering herself she found that she had bled profusely from the head, without being able to find any lesion of continuity. She continued in a torpid state during the succeeding three days; she merely remembers that the hemorrhage persisted, and that blood also flowed from the eyes, the left ear, and that she vomited blood. She continued very feeble after this time, the hemorrhages recurring almost daily. They ceased after two months, when she recovered her health for a fortnight; without any cause, the hemorrhage then returned one night from the cranium, and at the same time she vomited coagulated blood. The hemorrhage from the cranium continued for a week, then stopped, and the patient was well for two months. After that, the hemorrhage recurred every eight or fourteen days from the cranium, eyelids, and left ear. When examined after her admission, no traces of a present or previous solution of continuity could be traced on the cranium; there was no trace of injury to the bones. The hemorrhagic attacks continued to occur on the slightest emotion, but without special symptoms, except on one occasion, when, at the commencement of copious hæmatemesis, the patient was seized with violent delirium, then lost consciousness, and remained for eight days in a state of profound torpor. She then woke up, and the two left extremities were slightly paralyzed, and their sensibility somewhat blunted. After the lapse of three weeks these symptoms had entirely disappeared.

In March, 1852, she is described as being anæmic, pale, somewhat emaciated, and depressed, but the functions otherwise in normal condition; the kidneys, liver, sexual, and other organs apparently healthy; emotion so directly influenced the occurrence of the hemorrhage, that the patient by entering into a dispute could generally produce it at will. When it took place, she felt so fatigued as to be forced to lie down; the hemorrhage occurred on each side of the coronal suture, on a space three centimetres by ten. The blood was seen to sweat out at the roots of the hairs, first forming a red point, which gradually augmented to a drop which coalesced with others; if wiped off, the surface would soon be again covered with blood; its colour was that of arterial blood. Examined by a lens, no lesion could be detected, but the blood could be seen issuing from the hair follicle; the root of the hair was not diseased. The hemorrhage lasted from a few hours to two or three days; the skin of the bleeding part was not tumefied, but slightly tender, and its temperature elevated. The attack was generally preceded for one, two, or three days, by a sense of weight on the head and vertigo, with a feeling of heat and pulsation at the spot immediately before the bleeding occurred. Hæmatemesis and bleeding at the left ear were only occasional concomitants of the attacks; but the former was always accompanied by stupor, alternating with delirium.

The treatment, which consisted in the administration of tonics and astringents of all kinds, with nutritious diet, only caused temporary arrests of the hemorrhage. Strange to say, that in spite of the peculiar tendency to hemorrhage from certain parts, there was no predisposition to it from others, for contusions and solutions of continuity were not followed by unusual hemorrhage. On the application of local astringents to the head, such violent symptoms of cerebral congestion were manifested as to render venesection necessary.

All treatment failing, the patient was sent home in the same state in which she was admitted. The details of this interesting case are followed by an analysis of the theories applicable to the hemorrhagic tendency, and Professor Huss arrives at the conclusion that it is due to spasmodic contraction of the veins passing from the capillary network of the parts, in which this form of hemorrhage was manifested.—*Brit. and For. Med.-Chirurg. Review*, Oct., 1857, from *Archives Gén.*, August, 1857.